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 6
    ALDERWOODS GROUP, INC., PAUL A.
 7
    HOUSTON, SERVICE CORPORATION
    INTERNATIONAL, SCI FUNERAL AND
 8
    CEMETERY PURCHASING COOPERATIVE, INC.,
 9
    SCI EASTERN MARKET SUPPORT CENTER, L.P.,
    SCI WESTERN MARKET SUPPORT CENTER, L.P.
10
    a/k/a SCI WESTERN MARKET SUPPORT CENTER, L.P.
11
12
                           UNITED STATES DISTRICT COURT
13
                         NORTHERN DISTRICT OF CALIFORNIA
14
15
    CLAUDE BRYANT, CRAIG FULCHER,
                                            No. 3:07-CV-5696-SI
16
    SANFORD LEVINE and THOMAS
    THOMPSON et al., on behalf of themselves
17
                                            DECLARATION OF LIANA JENSEN IN
    and all other employees and former employees )
                                            SUPPORT OF MOTION TO DISMISS
    similarly situated,
18
                                            AMENDED COMPLAINT PURSUANT
                                            TO FRCP 12(b)(2) AND FRCP 12(b)(6)
19
                  Plaintiffs,
          VS.
20
    ALDERWOODS GROUP, INC., PAUL A.
21
    HOUSTON, SERVICE CORPORATION
22
    INTERNATIONAL, SCI FUNERAL AND
    CEMETERY PURCHASING
23
    COOPERATIVE, INC., SCI EASTERN
    MARKET SUPPORT CENTER, L.P. SCI
24
    WESTERN MARKET SUPPORT CENTER.
25
    L.P. a/k/a SCI WESTERN MARKET
    SUPPORT CENTER, INC., SCI HOUSTON
26
    MARKET SUPPORT CENTER, L.P., and
27
    JOHN DOES 1-3, et al.
28
                  Defendants.
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LIANA JENSEN'S DECLARATION RE MOTION TO DISMISS

Case No. 3:07-CV-5696-SI

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- I, Liana Jensen, hereby specially appear in this matter for the sole purpose of moving to dismiss the Complaint and, in support of that motion, submit the following Declaration under penalty of perjury:
- 1. I am currently employed by SCI Funeral & Cemetery Purchasing Cooperative, Inc. in the position of legal assistant. I have held his position since September 2003.
- I am the legal assistant assigned to work on the above caption case. As 2. part of my job responsibilities related that case, I obtained copies of the Plaintiffs' W-2's they received for their employment. Attached hereto as collectively as Exhibit 1 are true and correct copies of those documents.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed this 24^{+1} day of March, 2008, at Houston. Texas.

Mana Jensen

Miana Jensen

a Control number 0000040241		OMB No. 1545-0008	1	Wages, tips, other compensation	on .	2 Federal Ir	ncome tax withheld
b Employer Identification number 83-0344693	d Employee 's social s	ecurity number	3	Social security wages		4 Social sec	urity tax withheld
Employer 's name, address, and ZIP		623	5	Medicare wages and tips		6 Medicare	tax withheld
SCI FUNERAL & CEME AGENT FOR SCI ARIZ	ETERY PURCHASING COC ZONA FUN	P I	7	Social security tips		8 Allocated	tips
P.O. BOX 130548 HOUSTON TX 77219-0	0548		9	Advance EIC payment		10 Dependen	it care benefits
Employee 's first name and initial	Last name		11	Nonqualified plans	Winter Control	12 a-d	D
JAMES W 4667 WEST 19TH PLA YUMA, AZ 85364-000			14	Other			
Employee 's address and ZIP code						13 Statutory employee	Retirement X Third-Pa
State Employer's state ID number AZ 0741907163	16 State wages, tips, etc.	17 State Income tax	•	18 Local wages, tips, etc.	19 Loc	cal income tax	20 Locality name
					1	***********	
Wage and T Statement	^{ax} 2006	REIS	SU	E			1

a Control number 0000036780	·	OMB No. 1545-0008	,	Wages, 11ps, other compensation	n On	2 Federal Ir	come tax withheld
b Employer Identification number 83-0344693	d Employee's social s		3	Social security wages		4 Social sec	urity tax withheld
c Employer 's name, address, and ZIP code	SC2	533	5	Medicare wages and tips		6 Medicare	tax withheld
SCI FUNERAL & CEMETERY AGENT FOR SCI ARIZONA F	PURCHASING COC UN	OP I	7	Social security tips		8 Allocated	tips
P.O. BOX 130548 HOUSTON TX 77219-0548			9	Advance EIC payment	lun lintenda p à co c	10 Dependen	t care benefits
e Employee 's first name and initial Last	name		11	Nonqualified plans		12 a-d	
ELEANOR R RIGGIO 8414 N. 80TH PL SCOTTSDALE, AZ 85258)		14	Other	···········		
f Employee's address and ZIP code	-						ietirement Third-Party lan Sick Pay
15 State Employer 's state ID number AZ 0741907163	16 State wages, tips, etc.	17 State Income tax	Þ	18 Local wages, tips, etc.	19 Lo	cal Income tax	20 Locality name
			••••		1		

a Control number			ī	Wages, 11ps, other compensation	-	2 Federal Ir	come tax withheld
0000075689		OMB No. 1545-0008					
b Employer Identification number 83-0344693	d Employee 's social	security number	3	Social security wages	,	4 Social sec	urity tax withheld
c Employer's name, address, and ZIP code	502	3	5	Medicare wages and tips)	6 Medicare	tax withheld
SCI FUNERAL & CEMETE AGENT FOR SCI ARIZON.	RY PURCHASING CO A FUN	OP I	7	Social security tips		8 Allocated	tips
P.O. BOX 130548 HOUSTON TX 77219-054	8		9	Advance EIC payment		10 Depender	t care benefits
e Employee 's first name and initial	Last name		-				
			11	Nonqualified plans		12 a-d	The state of the commence of the state of th
FRANK A ACT 2810 S 1ST AV #B YUMA, AZ 85364-0000	Anu		14	Other			
f Employee's address and ZIP code					-	3 Statutory Employee	Retirement Inkd-Party Inkd-Inkd-Inkd-Inkd-Inkd-Inkd-Inkd-Inkd-
5 State Employer's state ID number	16 State wages, tips, etc.	17 State Income tax		18 Local wages, tips, etc.	19 Loca	I Income tax	20 Locality name
AZ 0741907163							
1							************************

Wage and Tax Statement 2006

a Control number 0000086464	·	OMB No. 1545-0008	1	Wages, tips, other compensation	U	2 Federal In	come tax withheld
b Employer Identification number 83-0344693	d Employee's social sec	curity number	3	Social security wages		4 Social secu	urity tax withheld
c Employer's name, address, and ZIP code SCI FUNERAL & CEMETE		233	5	Medicare wages and tips		6 Medicare t	lax withheld
AGENT FOR CALIFORNIA	CEME	ЬI	7	Social security tips		B Allocated t	lips
P.O. BOX 130548 HOUSTON TX 77219-054	8		9 .	Advance EIC payment		10 Dependent	t care benefits
e Employee 's first name and initial	Last name	VIII THE COLUMN TO THE COLUMN	1				
			11 /	Nonqualified plans		12 a-d	D
	ERNACKI						
189 ATHERTON AVE. PITTSBURG, CA 94565-	0000		CA!	Shi T			
f Employee 's address and ZIP code						13 Statutory R	iettrement X Third-Perly Like
5 State Employer's state ID number	16 State wages, tips, etc.	17 State Income tax	' T	18 Local wages, tips, etc.	19 100	cal income tax	20 Locality name
CA 122-2859-9				Section 2000		.Di Ilicollic tun	20 Locally name
4					+		

a Control number 0000111529		OMB No. 1545-0008	١	Wages, tips, other compensation	on (2 Federal Ir	ncome tax withheld
b Employer Identification number 83-0344693	d Employee's social sec	curity number	3	Social security wages	-	4 Social sec	urity tax withheld
c Employer's name, address, and ZIP code	SD4	1045	5	Medicare wages and tips		6 Medicare	tax withheld
SCI FUNERAL & CEMETERY AGENT FOR CALIFORNIA CE	PURCHASING COOF	? I	7	Social security tips	ı	8 Allocated	tips
P.O. BOX 130548 HOUSTON TX 77219-0548			9	Advance EIC payment		10 Dependen	it care benefits
e Employee 's first name and Initial Las	t name		11	Nonqualified plans	TH'OU HANDING	12 a-d	
RHEALYN HOLLA 1011 YGNACIO VALLEY RO APT. 26 WALNUT CREEK, CA 94598	ND		14 CA	BBY #			D .
f Employee 's address and ZIP code						13 Statutory employee	Rettrement X Third-Party Dian Skk Pay
5 State Employer's state ID number CA 122-2859-9	16 State wages, tips, etc.	17 State Income tax	***************************************	18 Local wages, tips, etc.	19 Lo	cal Income tax	20 Locality name
					+		

Wage and Tax Statement 2006

a Control number 0000068800		OMB No. 1545-0008	T	Wages, tips, other compensation	n Aa	2 Federal Inc	come tax withheld
b Employer Identification number B3-0344693	d Employee's social sec	curity number	3	Social security wages		4 Social secu	urity tax withheld
c Employer's name, address, and ZIP code SCI FUNERAL & CEMETERY F	SK6	77	5	Medicare wages and tips		6 Medicare t	ax withheld
AGENT FOR SCI IOWA FUNER	PORCHASING COOP RA	, I	7	Social security tips		B Allocated to	lps
P.O. BOX 130548 HOUSTON TX 77219-0548 e Employee 's first name and Initial Last r	name		9	Advance EIC payment		10 Dependent	care benefits
test i	name		11	Nonqualified plans	Hatawayay	12 a-d	C
RICHARD LAMAST 1711 S. 3RD STREET MARSHALLTOWN, IA 50158-0			14	Other			D
f Employee 's address and ZIP code						13 Statutory Remployee pl	ettrement X Third-Party Sick Pay
15 State Employer's state ID number IA 42-1186703001 3	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	19 Loc	al income tax	20 Locality name
			****				***************************************

a Control number 0000050447		OMB No. 1545-0008	1	Wages, tips, other compensati	on	2 Federal in	ncome tax withheld	
b Employer Identification number 83-0344693	d Employee's social sec	urity number	3	Social security wages		4 Social sec	curity tax withheld	
c Employer's name, address, and ZIP code			5	Medicare wages and tips		6 Medicare	tax withheld	
SCI FUNERAL & CEMETERY PURCHASING COOP I AGENT FOR CALIFORNIA CEME			7 Social security tips			B Allocated tips		
P.O. BOX 130548 HOUSTON TX 77219-0548 e Employee's first name and initial	Last name		9	Advance EIC payment		10 Depender	nt care benefits	
Supply of State of the Military	SD4	782	11	Nonqualified plans		12 a-d	D	
GORDON E FARM 151 SHADY LANE VALLEJO, CA 94591~0000			14c#	Other SDY				
Employee 's address and ZIP code			-			13 Statutory	Retirement X Third-Party Dian Sick Pay	
5 State Employer's state ID number CA 005-0348-2	16 State wages, tips, etc.	17 State Income tax	<u> </u>	18 Local wages, tips, etc.	19 Lo	cal income tax	20 Locality name	
1						**********		

a Control number 0000076982		OMB No. 1545-0008	1 Wages, tlps, other compensation	2 Federal Income tax withheld
b Employer Identification number 83-0344693	d Employee's social	security number	3 Social security wages	4 Social security tax withheld
Employer 's name, address, and ZIP code			5 Medicare wages and tips	6 Medicare tax withheld
SCI FUNERAL & CEMETER AGENT FOR SCI OREGON	Y PURCHASING CO	OP I	7 Social security tips	8 Allocated tips
P.O. BOX 130548 HOUSTON TX 77219-0548			9 Advance EIC payment	
[mnlause to C.	Last name SQ2	49	11 Nonqualified plans	10 Dependent care benefits
KENNETH R ALLI PO BOX 2742 EUGENE, OR 97402-0000	EN	,	, and a mean plants	12 a-d D .
Employee 's address and ZIP code State Employer 's state ID number	16 State wages, tlps, etc		-	13 Statutory Retirement X Third-Party employee Skd-Pay
OR 0002937-4			tlps, etc. 19 Lc	ocal income tax 20 Locality name
W-2 Wage and Tax Statement	2004	NEPLACENIE		